

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K25538**

1. Entity Name

SCOTT RENTALS INC.**FILED**
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90035 043 ***150.00

Principal Place of Business

Mailing Address

**6513 BAYLINE DR.
PANAMA CITY FL 32404****6513 BAYLINE DR.
PANAMA CITY FL 32404-4805****C0009208**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2901508**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, JAMES RAY
6513 BAYLINE DR.
PANAMA CITY FL 32404**

Name

SCOTT, JAMES RAY

Street Address (P.O. Box Number is Not Acceptable)

6513 BAYLINE DRIVE

City

PANAMA CITY**FL**

Zip Code

32404

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

1/14/2000

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PD	SCOTT, JAMES R.	6513 BAYLINE DR.	PANAMA CITY FL	☐					☐	☐
VST	SCOTT, JAMES RAY	6513 BAYLINE DR.	PANAMA CITY FL	☐					☐	☐
D	SCOTT, JAMES RAY	6513 BAYLINE DR.	PANAMA CITY FL	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

(850) 763-4834

Daytime Phone #

CR2E034 (9/99)